

### **Application Information**

Application Type:: Regular Subject Matter:: Utility

Title:: METHOD OF TRACKING AND DISPENSING

MEDICAL ITEMS

Attorney Docket Number:: D-1137

Request for Early Publication?:: No Request for Non-Publication?:: YES Suggested Drawing Figure:: 68 **Total Drawing Sheets::** 105

Small Entity:: No Petition included?:: No Secrecy Order in Parent Appl.?:: No

#### **Inventor Information**

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: **Full Capacity** Given Name::

R.

Middle Name:: Michael Family Name:: McGrady

Name Suffix::

City of Residence:: Baden State or Prov. Of Residence:: PA Country of Residence:: US

Street:: 218 Woodcroft Road

City:: Baden State or Province:: PA Country:: US

Postal or Zip Code:: 15005 Inventor Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kevin

Middle Name::
Family Name::

Mowry

Name Suffix::

City of Residence::

State or Prov. Of Residence::

Country of Residence::

US

Street:: 601 Cherry Drive
City:: Level Green

State or Province::PACountry::USPostal or Zip Code::15085

Inventor Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Maria Middle Name::

Family Name:: Robinson Name Suffix::

City of Residence:: Wexford

State or Prov. Of Residence:: PA
Country of Residence:: US

Street:: 2524 Brandt School Road

<u>City::</u> <u>Wexford</u>

State or Province::

Country::

Description 7 in Code::

Postal or Zip Code:: 15090

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US

Status::

**Full Capacity** 

Given Name::

Linda

Middle Name::

Family Name::

Dean

Name Suffix::

City of Residence::

Cranberry Township

State or Prov. Of Residence::
Country of Residence::

<u>PA</u> US

Street::

77 Monmouth Drive

City::

Cranberry Township

State or Province::
Country::

<u>PA</u> US

Postal or Zip Code::

16066

## **Correspondence Information**

Correspondence Customer Number:: 28995

Name::

Ralph E. Jocke

Street::

231 South Broadway

<u>City::</u>
<u>State or Province::</u>

<u>Medina</u> OH

Country::

<u>US</u>

Postal or Zip Code::

44256 (330) 721-0000

Phone Number:: Fax Number::

(330) 722-6446

## Representative Information

Representative Customer Number:: 28999

Designation::

Registration Number::

<u> Name::</u>

**Primary** 

31,029

Ralph E. Jocke

# **Domestic Priority Information**

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

Non-Provisional of

60/202,508

5/5/2000

# **Assignee Information**

Assignee Name::

Diebold, Incorporated

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